

## **Application for Renewal Registration of Agent**

Print or use typewriter except for signature:		
	(Applicant's Name—Last, First, Middle)	(Social Security Number)
	(Name and Address of Principal	al-Broker-Dealer or Issuer)
	(Issuer's Contact Person)	(Telephone No. of Contact Person)
reg	the undersigned, having been and now appointed as agent by gistration as agent pursuant to section 409.4-406(d), RSM attements, each of which is true and correct:	
1.	Applicant's current address is:	
	(Resider	nce)
	(Busine	ess)
2.	I am not and will not be representing more than one broker-	dealer or issuer except as follows:
	(Enter "None" if None)	(See MO 15 CSR 30-51.010(3))
3.	My statement in prior applications for initial and renewal re RSMo Cumulative Supp. 2021, are true and correct, except	
		Date of Prior Application as to Which Corrections are Reported) (Continue on Reverse if Necessary)

(Date)	(Signature of Applicant)

Please include the following with this form:

- A. Check, draft or money order in the amount of \$50.00 made payable to the Secretary of State, State of Missouri, pursuant to section 15 CSR 30-50.030.
- B. Consent to any dual registration.
- C. Any documents evidencing the corrections reported in "3", above.

FORM SA-1 (01.2025)